## Image# 29935563485 FEC FORM 2 STATEMENT OF CANDIDACY

| 1. (a) Name of Candidate (ir   | n full)     |                |               |               |          |         |                  |                |            |          |  |
|--|-------------|----------------|---------------|---------------|----------|---------|------------------|----------------|------------|----------|--|
| Mr. Aaron Jon Schock (b) Address (number and   | d ctroot)   |                | Ch            | neck if addre | ee chana | od 1    | 2. Identifica    | tion Number    |            |          |  |
| 1040 East Melbourne Av   | ,           |                |               | IECK II AUUIT | ss chang | eu      | H8IL1804         |                |            |          |  |
| (c) City, State and ZIP  |             |                |               |               |          |         | 3. Is This       | Now            | ,          | Amended  |  |
| Peoria   |             | IL             |               | 6160          | 3-2026   |         | Statemer         |                | OR         | (A)      |  |
| 4. Party Affiliation   | ;           | 5. Office Soug | ht            |               |          |         | rict of Candio   | date           |            |          |  |
| REPUBLICAN PARTY   |             | House          |               |               | IL       | 18      |                  |                |            |          |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  |             |                |               |               |          |         |                  |                |            |          |  |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the election(s). (year of election)   |             |                |               |               |          |         |                  |                |            |          |  |
| NOTE: This designation should be filed with the appropriate office listed in the instructions.   |             |                |               |               |          |         |                  |                |            |          |  |
| (a) Name of Committee  | (in full)   |                |               |               |          |         |                  |                |            |          |  |
| Schock for Congress  | 3           |                |               |               |          |         |                  |                |            |          |  |
| (b) Address (number and  | d street)   |                |               |               |          |         |                  |                |            |          |  |
| PO Box 10555   |             |                |               |               |          |         |                  |                |            |          |  |
| (c) City, State and ZIP  | Code        |                |               |               |          |         |                  |                |            |          |  |
| Peoria   |             | IL             |               | 6             | 1612     |         |                  |                |            |          |  |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. |             |                |               |               |          |         |                  |                |            |          |  |
| NOTE: This designation should be filed with the principal campaign committee.  |             |                |               |               |          |         |                  |                |            |          |  |
| (a) Name of Committee  | (in full)   |                |               |               |          |         |                  |                |            |          |  |
| Schock Victory Com   | mittee      |                |               |               |          |         |                  |                |            |          |  |
| (b) Address (number and  | d street)   |                |               |               |          |         |                  |                |            |          |  |
| 264 N Lumpkin St, S  | te 202      |                |               |               |          |         |                  |                |            |          |  |
| (c) City, State and ZIP C  | ode         |                |               |               |          |         |                  |                |            |          |  |
| Athens   |             | G              | Α             | 3             | 0601     |         |                  |                |            |          |  |
| I certify that   | I have exar | mined this Sta | tement and to | o the best of | my know  | ledge a | and belief it is | s true, correc | et, and co | omplete. |  |
| Signature of Candidate   |             |                |               |               |          |         | Date             |                |            |          |  |
| Mr. Aaron Jon Schock   |             |                |               |               |          |         | 12/17/2009       |                |            |          |  |
| NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C.§437g.  |             |                |               |               |          |         |                  |                |            |          |  |
|  |             |                |               |               |          | Ĭ       | -                | ·              |            |          |  |
|  |             |                |               |               |          |         |                  |                | 1          |          |  |

FEC FORM 2 (REV. 02/2009)